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Image# 15970127375

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	_
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If ty over the lines		12FE4M5		
American Council of Life	e Insurers Political	Action Commit	tee			
	101 Constitution Ave., NW	,				
ADDRESS (number and street)	Suite 700					
Check if different than previously	Washington			DC	00004	
reported. (ACC)	Washington			DC	20001	
2. FEC IDENTIFICATION NUM	MBER ▼ C	ITY 🛦		STATE 🛦	ZIP COE)E ▲
C C00147066		IS THIS REPORT X	NEW (N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	ar 20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) ×	Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	Primary (1	2P)	General (12G)	Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Conventio	n (12C)	Special (12S)	
October 15 Quarterly Report (Q3))					
January 31 Year-End Report (YE)) Elect	ion on	/ D D /	Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (3	80G)	Runoff (3	0R)	Special (30S)
Termination Report	Report for the:	M = M	/ D D /	Y = Y = Y = Y	in the	
(TER)	Elect	ion on			State of	
5. Covering Period 11	/ D D / Y Y Y Y 25 2014	through	n 12	/ 31 /	2014	
I certify that I have examined this	Report and to the best of	of my knowledge an	d belief it is tru	ie, correct and	I complete.	
Type or Print Name of Treasurer	Mr. Donald L. Walker					
Signature of Treasurer Mr. Do.	nald L. Walker	[Electronic	ally Filed]	Date 01	/ 29 /	2015
NOTE: Submission of folia america	or incomplete informati	on mou auhiast the	oroon oissins 4	nio Donort to th	o popultics of C. I	C C \$407~
NOTE: Submission of false, erroneo Office	us, or incomplete information	on may subject the p	reison signing tr	is neport to th	•	
Use Only					FEC FORI Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 11 25 2014 To: 12 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6.	(a) Cash on Hand January 1, 2014		463302.78			
	(b) Cash on Hand at Beginning of Reporting Period	624509.53				
	(c) Total Receipts (from Line 19)	9778.45	520585.20			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	634287.98	983887.98			
7.	Total Disbursements (from Line 31)	13500.00	363100.00			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	620787.98	620787.98			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

than loans) From: ons Other ommittees e Schedule A)) and (ii)) ommittees ns (add Lines d (c)) (Carry 3, page 5) ated/Other Expenditures etc.) 37, page 5) ions Made	9140.07 9140.07 638.38 9778.45 0.00 0.00 0.00 0.00 0.00 0.00	Calendar Year-to-Date 291664.52 32170.68 323835.20 0.00 191750.00 515585.20 0.00 0.00 0.00
ons Other committees e Schedule A) and (ii) committees sommittees ns (add Lines d (c)) (Carry 3, page 5) atted/Other Expenditures etc.) 37, page 5)	9778.45 0.00 0.00 9778.45 0.00 0.00	32170.68 323835.20 0.00 191750.00 515585.20 0.00 0.00
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ns (add Lines d (c)) (Carry 3, page 5) ated/Other ecceived Expenditures etc.) 37, page 5)	9778.45 0.00 0.00	515585.20 0.00 0.00 0.00
ns (add Lines d (c)) (Carry 3, page 5) ated/Other ecceived Expenditures etc.) 37, page 5)	9778.45 0.00 0.00	515585.20 0.00 0.00 0.00
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Expenditures etc.) 37, page 5)		
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37, page 5)	0.00	
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H3)	0.00	0.00
n Schedule H5)	0.00	0.00
dd 18(a) and 18(b))	0.00	0.00
	ots etc.)	etc.)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

tures: eral/Non-Federal Schedule H4) Share Operating g Expenditures (a)(ii), and (b)) ted/Other Party s/Committees Committees Expenditures () Made	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
cral Share Operating g Expenditures (a)(ii), and (b)) ted/Other Party s/Committees Committees nditures Expenditures))	0.00 0.00 0.00 0.00 13500.00 0.00	0.00 0.00 0.00 0.00 355000.00
operating g Expenditures (a)(ii), and (b)) ded/Other Party s/Committees Committees committees mditures Expenditures))	0.00 0.00 0.00 0.00 13500.00 0.00	0.00 0.00 0.00 355000.00
Operating g Expenditures (a)(ii), and (b)) ted/Other Party s/Committees Committees anditures Expenditures))	0.00 0.00 0.00 0.00 13500.00 0.00	0.00 0.00 0.00 355000.00
g Expenditures (a)(ii), and (b))	0.00 0.00 13500.00 0.00	0.00 0.00 355000.00 0.00
g Expenditures (a)(ii), and (b))	0.00 0.00 13500.00 0.00	0.00 0.00 355000.00 0.00
(a)(ii), and (b))	0.00 13500.00 0.00	0.00 355000.00 0.00
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s/Committees Committees Inditures Expenditures	13500.00 0.00 0.00	355000.00
Committeesnditures Expenditures))	0.00	0.00
Expenditures	0.00	
Expenditures))	0.00	
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Made	0.00	
	0.00	0.00
	0.00	0.00
rsons Other	0.00	5.00
Committees	0.00	3.00
Committees	0.00	0.00
Committees		
s)	0.00	0.00
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	0.00	5.00
-		
nts	0.00	8095.00
ctivity (2 U.S.C. §431(20))		
•		
	0.00	0.00
are	0.00	5.55
are	0.00	0.00
eral Funds	0.00	0.00
- '	0.00	0.00
, 30(a)(ii) and 30(b))▶	0.00	0.00
ts (add Lines 21(c), 22,		
, 28(d), 29 and 30(c))	13500.00	363100.00
	13500.00	363100.00
	Dutions To: Journal Committees	Duttions To: Irsons Other Committees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9778.45	515585.20	
34. Total Contribution Refunds (from Line 28(d))	0.00	5.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9778.45	515580.20	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

Use separate schedule(s) for each category of the Detailed Summary Page

F	ЭR	LINE	NU	MBER	:	PAGE		6	OF		31
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16			17

		name and address of any political committee to	
<u> </u>	NAME OF COMMITTEE (In Full)		
\rangle	American Council of Life Insurers	s Political Action Committee	
١.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt
	Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
	Suite 700	State Zip Code	12 31 2014
	City Washington	State Zip Code DC 20001-2133	Transaction ID : PR1156427138716 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 200012100	Amount of Each Receipt this Period
	Name of Employer	Occupation SVP Administration & CEO	
	American Council of Life Insurers Receipt For:	SVP, Administration & CFO	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$50.00 Semi-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. John Patterson		Date of Receipt
	Mailing Address 10075 Red Run Blvd		M = M / D = D / Y = Y = Y
	City	State Zip Code	12 31 2014
	Owings Mills	MD 21117-4865	Transaction ID : PR1231727538716 Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	33.00
	Name of Employer	Occupation	
	Baltimore Life Insurance Company	Senior Vice President, Operations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	286.00	P/R Deduction (\$11.00 Bi-Weekly)
— >.	Full Name (Last, First, Middle Initial) Mr. W. Bryant Sadler		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700		12 31 / Y Y Y Y Y
	City Washington	State Zip Code DC 20001-2140	Transaction ID : PR1415470238716
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	American Council of Life Insurers	Staff Accountant	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D D- dust's 1/2/2/20
	Other (specify) ▼	240.00	P/R Deduction (\$10.00 Semi-Monthly)
s	SUBTOTAL of Receipts This Page (optional)		213.00
-	OTAL This Period (lost none this the	nlv)	
f	TOTAL This Period (last page this line number of	чпу)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Mandana Parsazad Date of Receipt Mailing Address 1914 Horse Shoe Drive 2014 12 31 City Zip Code State Transaction ID: PR1481799838716 VA Vienna 22182-3755 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Senior Counsel, Taxes & Retirement Sec American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 570.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Gail S. Hoeflich Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 12 31 City State Zip Code Transaction ID: PR1565786738716 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Legislative Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Shannon N. Salinas Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2014 Suite 700 City Zip Code State Transaction ID: PR1647849738716 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Counsel, Taxes & Retirement Security American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 480.00 Other (specify) 195.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	E NUMBER	: PAGE	8 OF	31			
(check only one)							
X 11a	11b	11c	12				
13	14	15	16	17			

	rts and Statements may not be sold or used by any per- using the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	Incurrence Delitical Assistance Communication	
American Council of Life	Insurers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Doug Murphy		Date of Receipt
Mailing Address 10075 Red Run Blvd		12 31 2014
City	State Zip Code	Transaction ID : PR1715999338716
Owings Mills	MD 21117-4887	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.43
Name of Employer	Occupation	†
Baltimore Life Insurance Company	Vice President, Independent Sales	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.06	P/R Deduction (\$4.81 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan		Date of Receipt
Mailing Address 101 Constitution Ave	-, NW	M = M / D = D / Y = Y = Y
Suite 700	State Zip Code	12 31 2014
City Washington	State Zip Code DC 20001-2140	Transaction ID : PR1728112738716
	2000.2.10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
American Council of Life Insurers	Sr. Counsel, State Relations	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2774.28	P/R Deduction (\$80.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Ms. Carolyn C. Cobb	·	Date of Receipt
Mailing Address 101 Constitution Ave		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : PR1821819638716
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	344.22
Name of Employer	Occupation	†
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2753.76	P/R Deduction (\$114.74 Semi-Monthly)
SUBTOTAL of Receipts This Page (op	tional)	598.65
TOTAL This Period (last page this line	number only)	
TOTAL THIS FEHOU (last page this line	number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBE (check only one)

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13	3	14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insul	rers Political Action Committee	
Full Name (Last, First, Middle Initial) 1. The Honora Dirk A. Kempthorne		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		12 31 2014
City	State Zip Code	Transaction ID : PR1871324538716
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	624.99
Name of Employer	Occupation	1
American Council of Life Insurers	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial) 3. Lisa Smith		Date of Receipt
Mailing Address 800 North Magnolia Ave.		M = M / D = D / Y = Y = Y
Suite 1400		12 31 2014
City	State Zip Code	Transaction ID : PR1871488838716
Orlando	FL 32803-3248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	1
Hannover Life Reassurance Company of A	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	P/R Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 101 Constitution Ave, NW		†
Suite 700		12 31 _ 2014 _
City	State Zip Code	Transaction ID : PR1872428338716
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer	Occupation	-
American Council of Life Insurers	Chief of Staff	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		P/R Deduction (\$200.00 Semi-Monthly)
Other (specify) ▼	4800.00	,
SUBTOTAL of Receipts This Page (optional).		1284.99
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER:	PAGE	10 OF	31
Use separate schedule(s) for each category of the	(check only one)		7	
Detailed Summary Page	X 11a 11b	11c	12	_
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Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Mailing Address 9124 MidPines Court City City State Zip Code Aggregate Year-to-Date ▼ P/R D Aggregate Year-to-Date ▼ P/R D Trace Aggregate Year-to-Date ▼ P/R D Trace Aggregate Year-to-Date ▼ P/R D Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code FL 32819-4307 FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R D Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City State Zip Code P/R D Trace Aggregate Year-to-Date ▼ P/R D Trace P/R D Trace State Zip Code Trace Aggregate Year-to-Date ▼ P/R D Trace State Zip Code Trace Trace Trace State Zip Code Trace	
Tree Washington State Zip Code DC 20001-2133 FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Mailing Address 9124 MidPines Court City State Zip Code FL 32819-4307 CITY State Zip Code FL 32819-4307 FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary General Occupation EVP, financial Solutions Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General EVP, financial Solutions Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code KS 66220 FEC ID number of contributing federal political committee.	unsaction ID: PR1903849838716 unt of Each Receipt this Period
Washington DC 20001-2133	unt of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼ Mailing Address 9124 MidPines Court City Orlando FEC ID number of contributing federal political committee. Name of Employer Annoy General Other (specify) ▼ State Zip Code FL 32819-4307 C C C C C Primary General Other (specify) ▼ Annoy General State Sip Code FL 32819-4307 C C C Primary General Other (specify) ▼ Annoy General Solutions Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R D Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City State Zip Code KS 66220 Annoy General City State Zip Code KS 66220 Annoy General City State Zip Code KS 66220 Annoy General C C C C C C C C C C C C C	
Receipt For:	60.00
American Council of Life Insurers Receipt For: Primary	
Receipt For: Primary General Other (specify) ▼	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jim Pyc Mailing Address 9124 MidPines Court City State Zip Code Orlando FL 32819-4307 FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City State Zip Code EVP, financial Solutions Aggregate Year-to-Date ▼ P/R D Date Aggregate Year-to-Date ▼ City State Zip Code KS 66220 Full Name (Last, First, Middle Initial) Date Track Amo FEC ID number of contributing federal political committee.	
Mailing Address 9124 MidPines Court City State Zip Code FL 32819-4307 FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City State Zip Code Trace Tra	eduction (\$20.00 Semi-Monthly)
City State Zip Code FL 32819-4307 FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City State Zip Code KS 66220 FEC ID number of contributing federal political committee. City State Zip Code KS 66220 FEC ID number of contributing federal political committee.	of Receipt
City State Zip Code Orlando FL 32819-4307 FEC ID number of contributing federal political committee. C Name of Employer Hannover Life Reassurance Company of A Primary General Other (specify) ▼ Occupation EVP, financial Solutions Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date Stephen A Elliott Date Mailing Address 8906 Quail Ridge Lane 1 City State Zip Code KS 66220 KS 66220 Amount of Contributing federal political committee.	M / D D / Y Y Y Y
Orlando FL 32819-4307 Amo FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City Lenox FEC ID number of contributing federal political committee. City City City City City City City Cit	2 31 2014
FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary General Other (specify) Other (specify) Other (specify) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City State Zip Code KS 66220 FEC ID number of contributing federal political committee.	nsaction ID : PR1948888438716
Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City Lenox FEC ID number of contributing federal political committee. Occupation EVP, financial Solutions Aggregate Year-to-Date ▼ P/R D Occupation EVP, financial Solutions Aggregate Year-to-Date ▼ EVP, financial Solutions EVP, financial Solutions EVP, financial Solutions EVP, financial Solutions Aggregate Year-to-Date ▼ EVP, financial Solutions Aggregate Year-to-Date ▼ EVP, financial Solutions E	unt of Each Receipt this Period
Hannover Life Reassurance Company of A Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ P/R D Pall Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City Lenox FEC ID number of contributing federal political committee. EVP, financial Solutions Aggregate Year-to-Date ▼ P/R D Date Transport KS 66220 Amount CITY FEC ID number of contributing federal political committee.	36.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ P/R D Full Name (Last, First, Middle Initial) Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City Lenox FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ P/R D Date Traininal Solutions Aggregate Year-to-Date ▼ Expression 1 State Zip Code KS 66220 Amount 1 City State Zip Code KS 66220 Amount 1 City Code KS 66220	
Primary	
Stephen A Elliott Mailing Address 8906 Quail Ridge Lane City State Zip Code Trace Lenox KS 66220 FEC ID number of contributing federal political committee.	eduction (\$12.00 Semi-Monthly)
Mailing Address 8906 Quail Ridge Lane City State Zip Code Trace Lenox KS 66220 FEC ID number of contributing federal political committee.	of Receipt
Lenox KS 66220 Amo FEC ID number of contributing federal political committee.	2 31 2014
FEC ID number of contributing federal political committee.	nsaction ID : PR1964224838716
federal political committee.	unt of Each Receipt this Period
Name of Employer Occupation	30.00
l l	
Fidelity Security Attorney	
Receipt For: Aggregate Year-to-Date ▼	
Duite and Orange I	
SUBTOTAL of Receipts This Page (optional)	reduction (\$10.00 Semi-Monthly)

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Brenda Gordanier Date of Receipt Mailing Address 11913 E. 86th St. 2014 12 31 City Zip Code State Transaction ID: PR1964225338716 MO Raytown 64138-5166 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation AVP - Reinsurance Fidelity Security Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. William R Hobbs Date of Receipt Mailing Address 13005 Windsor Circle 12 31 2014 City State Zip Code Transaction ID: PR1964225738716 KS Leawood 66209-1793 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Fidelity Security VP Finance Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Anita Peduzzi Date of Receipt Mailing Address 101 Constitution Avenue 31 2014 Suite 700 W City Zip Code State Transaction ID: PR1978714938716 DC Washington 20001-2146 Amount of Each Receipt this Period FEC ID number of contributing 125.01 С federal political committee. Name of Employer Occupation **PAC Director** American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.67 Semi-Monthly) 1000.08 Other (specify) 230.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 12 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Joshua T. Mauthe Date of Receipt Mailing Address 2210 12th St NW 2014 12 31 City Zip Code State Transaction ID: PR1978715638716 DC Washington 20009-4404 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation Meeting Planner-Special Projects Coord American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Seaver J. J Sowers Date of Receipt Mailing Address 101 Constitution Avenue NW 2014 12 31 City State Zip Code Transaction ID: PR2018796038716 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 45.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Director, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Semi-Monthly) 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Smith Date of Receipt Mailing Address 800 N Magnolia Avenue 31 2014 Suite 1400 City State Zip Code Transaction ID: PR2019034838716 FL Orlando 32803-3248 Amount of Each Receipt this Period FEC ID number of contributing 31.50 С federal political committee. Name of Employer Occupation SVP, Chief Information Officer Hannover Life Reassurance Company of A Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.50 Semi-Monthly) 252.00 Other (specify) 136.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Maria Lauterette Date of Receipt Mailing Address 800 N Magnolia Avenue Suite 1400 2014 12 31 City State Zip Code Transaction ID: PR2019035338716 FL Orlando 32803-3248 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation VP, Human Resources Hannover Life Reassurance Company of A Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica M. M Hanson Date of Receipt Mailing Address 1707 Prince St. 2014 12 31 City State Zip Code Transaction ID: PR2023274638716 VA Alexandria 22314-2804 Amount of Each Receipt this Period FEC ID number of contributing 125.10 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Communications Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.70 Semi-Monthly) 934.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mariana E. E Gomez Date of Receipt Mailing Address 101 Constitution Avenue NW 31 2014 Suite 700 City Zip Code State Transaction ID: PR2122881838716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 45.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$15.00 Semi-Monthly) 360.00 Other (specify) 290.10 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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	and Statements may not be sold or used by any pers ng the name and address of any political committee to					
NAME OF COMMITTEE (In Full)						
American Council of Life Ins	surers Political Action Committee					
Full Name (Last, First, Middle Initial) A. Emily C. C Micale						
Mailing Address 101 Constitution Avenue	NW	M = M / D = D / Y = Y = Y				
Suite 700	Ctoto 7in Cada	12 31 2014				
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR2122882038716				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer	Occupation	1				
American Council of Life Insurers	Counsel]				
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify) —	600.00	P/R Deduction (\$25.00 Semi-Monthly)				
Other (specify) ▼	000.00					
Full Name (Last, First, Middle Initial) James Szostek		Date of Receipt				
Mailing Address 101 Constitution Avenue	NW	M = M / D = D / Y = Y = Y				
Suite 700	Chata 71: 0 - 1 -	12 31 2014				
City	State Zip Code DC 20001-2133	Transaction ID : PR2122891038716				
Washington	DC 20001-2133	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	75.00				
Name of Employer	Occupation	1				
American Council of Life Insurers	Public Policy					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	600.00	P/R Deduction (\$25.00 Semi-Monthly)				
Other (specify) ▼	, , , , , , , , , , , , , , , , , , , ,					
Full Name (Last, First, Middle Initial) Carly L. L McCallie		Date of Receipt				
Mailing Address 101 Constitution Avenue Suite 700	NW	12 31 _ 2014 _				
City	State Zip Code	Transaction ID : PR2160513338716				
Washington	DC 20001-2133	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	45.00				
Name of Employer	Occupation	-				
American Council of Life Insurers						
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	360.00	P/R Deduction (\$15.00 Semi-Monthly)				
Other (specify) ▼	300.00					
SUBTOTAL of Receipts This Page (option	al)	195.00				
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TOTAL This Period (last page this line nur	mber only)					

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per- ne name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Ian F. F Steger	Date of Receipt	
Mailing Address 101 Constitution Avenue NV	V	M = M / D = D / Y = Y = Y
Suite 700 City	State Zip Code	12 31 2014 Transaction ID : PR2160513738716
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	-
American Council of Life Insurers	Legislative Analyst	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) 3. Mr. Gary E. Hughes	•	Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West	V	12 31 _2014 _
City	State Zip Code	Transaction ID : PR771358238716
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	534.96
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & General Cou	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4279.69	P/R Deduction (\$178.32 Semi-Monthly)
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West		12 31 2014
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771358338716
FEC ID number of contributing federal political committee.	C 20001-2133	Amount of Each Receipt this Period 25.50
Name of Employer	Occupation	-
American Council of Life Insurers	VP & Chief Counsel, Securities & Litig	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	204.00	P/R Deduction (\$8.50 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		635.46
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using	the name and address of any political committee					
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Political Action Committee					
Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Mailing Address 404 Constitution Avenue N	Ms. Linda H. Cunningham					
Mailing Address 101 Constitution Avenue, N Suite 700 West		12 31 2014				
City	State Zip Code DC 20001-2133	Transaction ID : PR771362438716				
Washington	DC 20001-2133	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	174.51				
Name of Employer	Occupation					
American Council of Life Insurers	Vice President, Conference Development					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1396.07	P/R Deduction (\$58.17 Semi-Monthly)				
Full Name (Last, First, Middle Initial) 3. Ms. Roberta B. Meyer		Date of Receipt				
Mailing Address 101 Constitution Avenue, N	W	M = M / D = D / Y = Y = Y				
Suite 700 West City	State Zip Code	12 31 2014				
	DC 20001-2133	Transaction ID : PR771362738716				
Washington	20001-2133	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ÿ					
Name of Employer	Occupation					
American Council of Life Insurers	Vice President & Associate General Cou					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	240.00	P/R Deduction (\$10.00 Semi-Monthly)				
Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt				
Mailing Address 101 Constitution Ave, NW Suite 700 West		12 31 2014				
City	State Zip Code	Transaction ID : PR771365438716				
Washington	DC 20001-2133	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	90.00				
Name of Employer	Occupation	-				
American Council of Life Insurers	,					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	720.00	P/R Deduction (\$30.00 Semi-Monthly)				
SUBTOTAL of Receipts This Page (optional)	>	294.51				
TOTAL This Period (last page this line numb	er only)					

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	* *	
American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) A. Mr. J. Bruce Ferguson		Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West		12 31 2014
City	State Zip Code	Transaction ID : PR771373238716
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	462.18
Name of Employer	Occupation	
American Council of Life Insurers	Senior Vice President, State Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3697.45	P/R Deduction (\$154.06 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Shawn Hausman	Date of Receipt	
Mailing Address 101 Constitution Avenue, NV	1	M M / D D / Y Y Y Y
Suite 700 West City	12 31 2014	
Washington	State Zip Code DC 20001-2133	Transaction ID : PR771373538716 Amount of Each Receipt this Period
FEC ID number of contributing	1000.1.00	Amount of Each Hecelpt this Feriou
federal political committee.	C	96.33
Name of Employer	Occupation	
American Council of Life Insurers	Sr. Vice President, Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.65	P/R Deduction (\$32.11 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Mr. David M. Leifer		Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West		12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771374038716
FEC ID number of contributing federal political committee.	C 200012133	Amount of Each Receipt this Period 258.51
Name of Employer	Occupation	
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2068.07	P/R Deduction (\$86.17 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	•	817.02
TOTAL This Period (last page this line number	only)	

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		13		14		15		16		17

	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. James D. Hall Mailing Address 101 Constitution Avenue, NV Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary Other (specify)	State Zip Code DC 20001-2133 C Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 360.00	Date of Receipt 12 31 2014 Transaction ID: PR771374338716 Amount of Each Receipt this Period 45.00 P/R Deduction (\$15.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox Mailing Address 101 Constitution Avenue, NV Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20001-2133 C Occupation	Date of Receipt 12 31 2014 Transaction ID: PR771376838716 Amount of Each Receipt this Period 87.60
American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 700.80	P/R Deduction (\$29.20 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John W. Mangan CEBS Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 2400.00	Date of Receipt 12 31 2014 Transaction ID : PR771377138716 Amount of Each Receipt this Period 300.00 P/R Deduction (\$100.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	432.60
TOTAL This Period (last page this line numbe	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2014 12 31 City Zip Code State Transaction ID: PR771395138716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 624.99 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Executive Vice President, Publi Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 4999.92 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Olivia H. Gillis Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 12 31 City State Zip Code Transaction ID: PR771408138716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Assoc. Director, Legislative & Regulat Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Maria L. Palacios Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 31 2014 City Zip Code State Transaction ID: PR771408838716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 31.68 С federal political committee. Name of Employer Occupation American Council of Life Insurers Managing Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.56 Semi-Monthly) 253.44 Other (specify) 686.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Paul S. S. Graham III Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2014 12 31 City Zip Code State Transaction ID: PR771412638716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation American Council of Life Insurers SVP, Insurance Regulation & Chief Actu Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Morris R. Goff Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2014 12 31 City State Zip Code Transaction ID: PR771419338716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 305.25 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$101.75 Semi-Monthly) 2442.01 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Brenda S. Nation Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 12 31 2014 City Zip Code State Transaction ID: PR771419938716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 225.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$75.00 Semi-Monthly) 1800.00 Other (specify) 590.25 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than usin	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) American Council of Life Ins	urers Political Action Committee					
Full Name (Last, First, Middle Initial) Ms. Debra K. West		Date of Receipt				
Mailing Address 101 Constitution Avenue Suite 700 West		12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code DC 20001-2133	Transaction ID : PR771421038716				
Washington	DC 20001-2133	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	150.00				
Name of Employer	Occupation					
American Council of Life Insurers	Regional Vice President, State Relatio					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$50.00 Semi-Monthly)				
Other (specify)	1200.00					
Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky		Date of Receipt				
Mailing Address 101 Constitution Ave, NV	V	M = M / D = D / Y = Y = Y				
Suite 700 City	State Zip Code	12 31 2014				
Washington	DC 20001-2133	Transaction ID : PR771421138716 Amount of Each Receipt this Period				
FEC ID number of contributing	1000, 1100					
federal political committee.	C	60.00				
Name of Employer	Occupation					
American Council of Life Insurers	Vice President & Associate General Cou					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	480.00	P/R Deduction (\$20.00 Semi-Monthly)				
Full Name (Last, First, Middle Initial) C. Mr. Jeffry J. Janoska	'	Date of Receipt				
Mailing Address 101 Constitution Avenue Suite 700		12 31 2014				
City	State Zip Code DC 20001-2133	Transaction ID : PR771423138716				
Washington	DC 20001-2133	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	37.29				
Name of Employer	lame of Employer Occupation					
American Council of Life Insurers	, ,					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	298.31	P/R Deduction (\$12.43 Semi-Monthly)				
SUBTOTAL of Receipts This Page (optional	al)	247.29				
TOTAL This Period (last page this line num	<u> </u>					
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Full Name (Last, First, Middle Initial) Ms. Lisa J. Tate Mailing Address 101 Constitution Avenue, NW Suite 700 City	State Zip Code	Date of Receipt 12 31 2014 Transaction ID : PR771423238716
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation VP, Litigation & Assoc. Gen. Counsel Aggregate Year-to-Date ▼ 960.00	P/R Deduction (\$40.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Nina Aponte Mailing Address 101 Constitution Ave, NW		Date of Receipt
Suite 700 City Washington	State Zip Code DC 20001-2133	12 31 2014 Transaction ID : PR771425338716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer American Council of Life Insurers	Occupation Senior Staff Accountant	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John P. John P. Gerni		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700 City	State Zip Code	12 31 2014
Washington	DC 20001-2133	Transaction ID : PR771428738716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	225.00
Name of Employer American Council of Life Insurers	Occupation Regional Vice President, State Relatio	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	P/R Deduction (\$75.00 Semi-Monthly)

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. David C. Turner Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 12 31 City Zip Code State Transaction ID: PR771428938716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 406.02 federal political committee. Name of Employer Occupation EVP, Chief of Staff & Corp. Secretary American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$135.34 Semi-Monthly) 3248.16 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Miriam Krol Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 12 31 City State Zip Code Transaction ID: PR771434038716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Long Term Care Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Kynondo Lewis Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2014 Suite 700 City Zip Code State Transaction ID: PR771439638716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 34.38 С federal political committee. Name of Employer Occupation American Council of Life Insurers Legal Editor Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$11.46 Semi-Monthly) 275.04 Other (specify) 470.40 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 24 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Alane R. Dent Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 12 31 City Zip Code State Transaction ID: PR771444338716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 298.14 federal political committee. Name of Employer Occupation Vice President, Federal Relations American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$99.38 Semi-Monthly) 2385.11 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. T. Scott Dixon Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 West 2014 12 31 City State Zip Code Transaction ID: PR771444938716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Finance Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 480.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Andrew M. Melnyk Date of Receipt Mailing Address 101 Constitution Avenue NW 31 2014 Suite 700 City Zip Code State Transaction ID: PR771445838716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 61.95 С federal political committee. Name of Employer Occupation American Council of Life Insurers Managing Director, Research Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.65 Semi-Monthly) 495.59 Other (specify) 420.09 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2014 12 31 City Zip Code State Transaction ID: PR771449638716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Senior Vice President American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John K. Bruins Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2014 12 31 City State Zip Code Transaction ID: PR771450138716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 51.54 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Actuary Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$17.18 Semi-Monthly) 412.31 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Maurice A. Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW 31 2014 Suite 700 City Zip Code State Transaction ID: PR805149138716 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 624.99 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 4999.92 Other (specify) 826.53 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	: 26 OF	31				
(check only one)								
X 11a	11b	11c	12					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	gurers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman Mailing Address 101 Constitution Avenue Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Counsel, Insurance Regulation Aggregate Year-to-Date 600.00	Date of Receipt 12 31 2014 Transaction ID: PR904819538716 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) 3		Date of Receipt
City	State Zip Code	
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Name of Employer	Occupation	-
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the results of the such as the			
NAME OF COMMITTEE (In Full) American Council of Life Insurers	s Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. Friends for Harry Reid Mailing Address PO Box 19163			Date of Disbursement 12 03 2014
			12 03 2014
City Las Vegas	State Zip Code NV 89132		Transaction ID: 63125697
Purpose of Disbursement Redesignate previously reported check		011	Amount of Each Disbursement this Period
Candidate Name Harry Reid		Category/ Type	2500.00
Office Sought: House Senate President Disbur	sement For: 2016 ✓ Primary General Other (specify) ▼		[MEMO ITEM] Redesignate previously reported check
State: NV District:			
Full Name (Last, First, Middle Initial) B. The Freedom Fund			Date of Disbursement
Mailing Address 701 8th Street NW Suite 500			12 09 2014
City Washington	State Zip Code DC 20001		Transaction ID : 63176582
Purpose of Disbursement Void - The Freedom Fund		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	-2500.00
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		Void - The Freedom Fund
Full Name (Last, First, Middle Initial) C. HellerHighWater PAC			Date of Disbursement
Mailing Address P O Box 370672			12 11 2014
City Las Vegas	State Zip Code NV 89137		Transaction ID : 63315767
Purpose of Disbursement Candidate Name HellerHighWater PAC		011 Category/ Type	Amount of Each Disbursement this Period 2500.00
	sement For: Primary General Other (specify)	. 180	
SUBTOTAL of Disbursements This Page (optional TOTAL This Period (last page this line number of	·		0.00

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		Detailed Summary		21b	22		24	25	26				
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	y information copied from such Reports and Statem for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full)												
	American Council of Life Insurers F	Political Action	Comm	ittee									
$\overline{}$	Full Name (Last, First, Middle Initial)												
Α.	Mchenry For Congress				M = M	isburseme	/ Y	Y	Υ				
	Mailing Address PO Box 1406				12	11	2	2014					
	,	State Zip Co NC 28601	de		Transac	tion ID : 6	3315768						
	Hickory Purpose of Disbursement	NC 28601											
				011	Amount o	f Each Dis	bursemer	nt this F	Period				
	Candidate Name			Category/				1000	0.00				
	Rep. Patrick McHenry Office Sought: House Disbursen	nent For: 2016		Туре		7	,						
	Senate		eneral										
	State: NC District: 10												
_	Full Name (Last, First, Middle Initial)												
В.	McConnell Senate Committee '14			Date of Disbursement									
	Mailing Address P O Box 1496				12	11	:	2014					
	Louisville	State Zip Co KY 40201	de		Transac	tion ID : 6	3315769						
	Purpose of Disbursement			011	Amount o	f Each Dis	bursemer	nt this F	Period				
	Candidate Name			Category/				2000	00				
	Mitch McConnell			Туре		7	7	2000	7.00				
		nent For: 2014 Primary G	eneral										
	President	Other (specify)											
	State: KY District:		neral Debt	Re									
C.	Full Name (Last, First, Middle Initial) Larson for Congress				Date of D	isburseme	nt						
•	Larson for Congress				M M	/ D D		Y	V				
	Mailing Address P O Box 479				12	11		2014					
	City	state Zip Co	de		Trancas	tion ID : 6	2245770						
		CT 06033			mansac		3313770						
	Purpose of Disbursement			044									
	Candidate Name	011	bursemer	nt this f	Period								
	John Larson			Category/ Type				1500	0.00				
		nent For: 2016		туре		7	7						
	Senate		eneral										
	State: CT District: 01												
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	Political Action Com	mittoo				
American Council of Life Insurers	Fullical Action Com	пииее				
Full Name (Last, First, Middle Initial)						
A. Thom Tillis Committee			Date of Disbursement			
THORIT THIIS COMMITTIEGE			M M / D D / Y Y Y Y			
Mailing Address PO Box 97396			12 11 2014			
City	State Zip Code					
Raleigh	NC 27624		Transaction ID: 63315771			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	4000.00			
Thom Tillis		Type	1000.00			
Office Sought: House Disburse	ement For: 2014					
X Senate	Primary General					
President	Other (specify) ▼					
State: NC District:	2014 General Deb	ot Re				
Full Name (Last, First, Middle Initial)						
B. Cotton For Senate			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address PO Box 379			12 11 2014			
City	State Zip Code		Transaction ID : 63315772			
Dardanelle	AR 72834					
Purpose of Disbursement		011	Amount of Each Dichuranment this Paried			
Candidate Name			Amount of Each Disbursement this Period			
Thomas Cotton		Category/	1000.00			
	ement For: 2014	Туре				
Senate	Primary General					
State: AR District:	Other (specify) ▼ 2014 General Del	ht Re				
	ZOTA OCHERAL DEL	Di No				
Full Name (Last, First, Middle Initial)			Date of Disbursement			
C. Montanans For Tester						
Mailing Address PO Box 1135			12 11 2014			
Mailing Addices FU DUX 1130			12 11 2014			
City	State Zip Code					
Helena	MT 59624		Transaction ID: 63315773			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	* * * * * * * * * * * * * * * * * * * *			
Sen. Jon Tester		Type	2500.00			
Office Sought: House Disburse	ement For: 2018					
X Senate	Primary General					
President	Other (specify) ▼					
State: MT District:	•					
SUBTOTAL of Disbursements This Page (optional)			4500.00			
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or for commercial purposes													
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\	il of Life Insurers F	Political	Action Com	mitte	e								
/ /		•·											
Full Name (Last, First, N	Middle Initial)												
A. Heller For Senat	е						Date of	f Disb	ursen	nent			
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Mailing Address PO Box	371907						12	JL	11	_	20	014	
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City	;	State NV	Zip Code 89137				Trans	actio	n ID :	63315	774		
Las Vegas Purpose of Disbursemen	t	INV	09137										
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Candidate Name					-		Amoun	. 01	2011	Jiobaro	OTTIOTIC		Ciloa
Sen. Dean Helle	r				egory ype	//	١	_	_			1000	0.00
		ment For:	2014	'.	урс			,		,			
•	Senate	Primary	General										
	President	Other (spe											
State: NV Distric	et:	(-)	2014 General De	bt Re									
Full Name (Last, First, N	Middle Initial)												
B. Friends of Schur	,						Date o	f Disb	ursen	nent			
i fichas of ochai	TICI						M = M	_ / [D D	0 /	VV	Y	V
Mailing Address 192 Le	xinaton Avenue						12		11			014	
Suite 1									_				
City	(State	Zip Code				Trans	eaction	n ID ·	: 63315	775		
New York		NY	10016				ITAIIS	sactio	. טו ו	. 03313	113		
Purpose of Disbursemer	t				_	7							
)11		Amoun	t of E	ach D	Disburs	ement	this F	Period
Candidate Name	_				egory	//						1000	0.00
Charles Schume				T	ype			, ,					
		nent For:											
	Senate President	Primary	General										
State: NY Distric		Other (spe	ecity) 🔻										
									—				
Full Name (Last, First, N	,						Date of	f Dich	urcan	mant			
C. The Freedom Fu	ina							ו טוטט		_			
Mailing Address 701 8th	Stroot NIM						12	/	11			014	Υ
Suite 50							12	- 1	<u> </u>			717	
City		State	Zip Code										
Washington		DC	20001				Trans	sactio	n ID :	: 63315	776		
Purpose of Disbursemer	t				-	$\overline{}$							
				0	11		Amoun	t of Ea	ach [Disburs	ement	this F	Period
Candidate Name				Cate	egory	//		-	_		_	2500	. 00
					ype			,				2500	1.00
Office Sought:	House Disburser	ment For:											
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SCHEDULE B (FEC Form 3X)	Han assessment of the Co.	FOR LINE	NUMBER:	PAGE 31 OF 31	
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	Detailed Summary Page	270	22 X 23 28b	24 25 26 28c 29 30b	
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or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)		1			
American Council of Life Insurers	Political Action Com	mittee			
Full Name (Last, First, Middle Initial)			5 . (5)		
A. Heller For Senate			Date of Disburseme		
Mailing Address PO Box 371907			12 30	2014	
City	State Zip Code		Transaction ID : 6	2644226	
Las Vegas	NV 89137		Transaction iD . 0	33044230	
Purpose of Disbursement Redesignation of previously issued check Redesignation	nation of previously issued	011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		1000.00	
Sen. Dean Heller		Type		1000.00	
Office Sought: House Disburse	ement For: 2012 Primary General		[MEMO ITEM]		
President	Other (specify)			eviously issued check eviously issued check	
State: NV District:	2012 General D	ebt	, ,	,,	
Full Name (Last, First, Middle Initial)					
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Office Sought: House Disburse	ement For:	71	,	,	
Senate	Primary General				
President	Other (specify) ▼				
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